



# CommonGround: A Recovery-Based Approach to Supporting Client Choice

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*May 18, 2006*

*Osage Beach, Missouri*



# Choice and Recovery

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- You believed in me and then I slowly learned to believe in myself
- You encourage me
- I am responsible for my choices
- I run my life
- The work of recovery is up to me



# Amanda

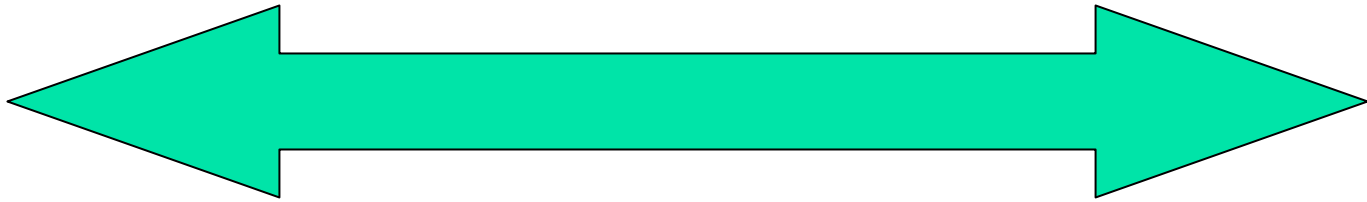
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- After so much effort, why not accept that Amanda has made her choice? Aren't we supposed to support client choice? Isn't that a good thing?
- After so much effort, why not just go in and rid her apartment of the junk? Why not make the right choice for Amanda!

# The Neglect - Over Protect Continuum



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It's Amanda's choice. We are supposed to support choice. We've tried everything else. Let's go with her choice.

**This is neglect, not empowerment**

We can get Amanda to do the right thing. We'll arrange things so she has to make the right choice.

**This is Over Protect and is toxic help**



# Principle 1

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- Avoid Toxic Help - Those interventions that hinder rather than support recovery.
- Learned Helplessness
  - Cognitive deficits - Failure mindset
  - Emotional deficits - Depression
  - Motivational deficits - Apathy, indifference



# Practice Principle 1a

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- When your team proposes an intervention, assess if the intervention is a form of toxic help
- Use the intervention assessment form routinely

# The Intervention Assessment

How might this intervention help the client?



How might this intervention be toxic help?

## Intervention Outcomes

- **Lose/Lose** - Intervention leaves staff concern unaddressed and client Learned Helplessness reinforced **Toxic**
- **Lose/Win** - LH reinforced, Staff concern addressed **Toxic**
- ✓ **Win/Win** - Staff concern addressed/Client exercises choice, experiences self-determination **CommonGround**



# Exercise

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- Darnell has diabetes and won't follow diet
  - Staff is proposing to get a representative payee who will control Darnell's money such that he has no extra money to spend on "forbidden" foods
  - Answer all the questions on the intervention assessment form and generate some other ideas for less toxic interventions for Darnell



## Principle 2

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- Relationships are our most important tool in working to support people in their recovery
- Continuity, one-on-one, available, listens, believe-in-me, authentic, respectful, culturally sensitive, fosters empowerment, caring responsive, humble, conveys hope



# Practice Principle 2a

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- When dealing with client choice, avoid tunnel vision and the deficits trap
  - Frustration and burn-out
  - Power struggles create winners and losers
  - Moral judgments - she's lazy
- Intervention on Staff!
  - Hope, consultation, creative problem solving, the long-view over time



## Practice Principle 2b

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- We do not rely on disastrous natural consequences in order to “teach the client a lesson”
  - Blaming and catastrophic solutions are red flags for staff anger/burn-out
  - Decisional Balance Sheet is a respectful way of breaking out of power struggles



# Practice Principle 2c: Focus on Strengths

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- Mirroring
- Types of strengths
  - Qualities/personal characteristics
  - Talents
  - Environmental strengths
  - Interests/aspirations
  - Listen for passion statements
- The ripple effect



# Principle 3: The Dignity of Risk and the Right to Failure

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- Do not pathologize poor choices that people with psychiatric disabilities make. Poor choices, mistaken judgments, lack of insight, repeated mistakes and self-defeating choices are not necessarily a reflection of mental illness. They are ways that most of us grow and learn!



## Practice Guideline 3a

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- Don't automatically assume a client's poor choice is reflective of mental illness. Openly challenge co-workers who jump to such conclusions
- Practice “normalizing” the choice a client is making

# Discussion



- How do you account for the difference in how these two people are treated?



# Principle 4

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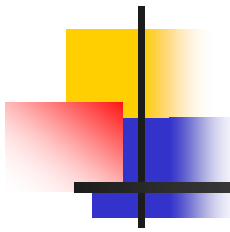
- No threats, bribes or coercion
- Elements of threats, bribes, coercion
  - Unplanned and often come as a surprise
  - Focus is on worker's agenda
  - Ignores client's choice
  - Often relies on misinformation



# Practice Guideline 4a

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- Teach the use of personal reinforcers or self reward
  - Reflects the clients agenda
  - Is planned ahead of time
  - Is based on accurate information and self-assessment
  - Develops pride in accomplishment



# Principle 5: Navigating Choice

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- **The comfort zone:** Client makes choice staff are comfortable with
- **The conflicted zone:** Client makes choice staff feel conflicted about
- **The non-negotiable zone:** Client makes choice that poses significant danger that is immediate or imminent



# Practice Principle 5a

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- In clinical practice, routinely use discipline of determining what “zone” a client’s choice is falling into



# Principle 6: Changing Agency Culture to Support Recovery

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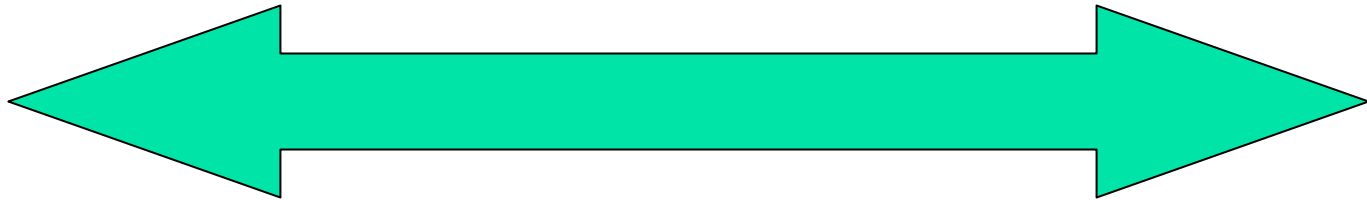
- In an agency that is implementing Recovery Oriented Practice there will be a shift away from the non-negotiable zone, toward creative engagement with clients in the conflicted zone. This shift is rooted in:
  - New philosophical perspective
  - More effective way of working with clients
  - Redirection of resources and staff training priorities



# Common Example #1

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- Sue is self-injuring but wants to leave group home and move to apartment



**Neglect:** We've tried everything. It's her choice to move into her own apartment

**Protect:** She can't leave the group home until she has 100% x 2 months no self-injury